No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41139

Registration District No. 24 1942 399 Primary Registration District No. 1002 Registrar's No. 4820

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution General Hospital No. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-22-41-50 min. In this community Unknown 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3 0 (If outside city or town limits, write "RURAL")
(d) Street No. 1327 E. 14th (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ROSA FRIERSON
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex 2 Female
5. Color or race Negro 1
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Frierson
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased September 15, 1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	3	7	hr. min.

9. Birthplace Lexington (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Henry Williams
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
MOTHER 14. Maiden name Jane Carter
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Lizzie Gibson
(b) Address 1020 Michigan
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12/26/41 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Mo.
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia
19. (a) 12-26-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22 year 1941 hour 2 minute 50 a. M.
21. I hereby certify that I attended the deceased from 12-22-41 2:00 a.m., 19 , to 2:50 a.m., 19 ;
that I last saw her alive on December 22, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Hepotitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

125 B 2

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. A. Dixon (M. D. or other) 0
Address Gen. Hosp. #2-6006 Date signed 12-22-41

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.